

Work Order ID 94907

Monday, December 24, 2012 11:09:46 AM

94907

Page 1
ASPP

Item ID: D3933-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Aft Wall Protector

Stop

NS2

Start Date: 12/24/2012 Start Qty: 3.00

3

Cust Item ID:

Required Date: 1/3/2013 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals: Process Plan: *MF*

Date: 12-12-24 Tooling:

Date:

Run Start

NR1

QC:

Date: SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D3933

A

100

100

Waterjet

FLOW CNC Waterjet

Memo

1-Cut as per Dwg D3933

Dwg Rev:

Prog Rev: *A*

2- Deburr if necessary

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Quality Control

Memo

0.00

(3)

B13-1-3

(3)

B13-1-3

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS										
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
Work Order Update <input type="checkbox"/>		Large Fab <input type="checkbox"/>		Composite <input type="checkbox"/>		Supplier <input type="checkbox"/>										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data																
Equip/Tooling																
Operator																
Material																
Setup																
Other																
Process																
Supplier																
Training																
Unapproved																
FAULT CATEGORY																
Landing Gear				General												
Bending	<input type="checkbox"/>			Bend	<input type="checkbox"/>			Grain	<input type="checkbox"/>			Ovalized	<input type="checkbox"/>			Pressure/Forced
Centre Not Concentric to O/S	<input type="checkbox"/>			BOM/Route	<input type="checkbox"/>			Hardware	<input type="checkbox"/>			Over/Under tolerance	<input type="checkbox"/>			Temperature/Cure
Cracks	<input type="checkbox"/>			Broken/Damaged	<input type="checkbox"/>			Inspection Incomplete	<input type="checkbox"/>			Part Incorrect	<input type="checkbox"/>			Weld
Crushed/Crimped.	<input type="checkbox"/>			Burrs	<input type="checkbox"/>			Instructions Incomplete/Unclear	<input type="checkbox"/>			Part Lost/Missing	<input type="checkbox"/>			Wrong Stock Pulled
Cuffs	<input type="checkbox"/>			Contamination	<input type="checkbox"/>			Maintenance	<input type="checkbox"/>			Part Moved	<input type="checkbox"/>			
Heat Treat	<input type="checkbox"/>			Countersink	<input type="checkbox"/>			Mislabeled	<input type="checkbox"/>			Positioned Wrong	<input type="checkbox"/>			
Inspection Strip in Tube	<input type="checkbox"/>			Cut Too Short	<input type="checkbox"/>			Misread	<input type="checkbox"/>			Power Loss/Surge	<input type="checkbox"/>			
Ripples in Bend	<input type="checkbox"/>			Drill Holes	<input type="checkbox"/>			Offset	<input type="checkbox"/>			Other	<input type="checkbox"/>			
Torque Waves in Extrusion	<input type="checkbox"/>			Drawing	<input type="checkbox"/>			Out of Calibration	<input type="checkbox"/>				<input type="checkbox"/>			
Turning Sequence	<input type="checkbox"/>			Finish	<input type="checkbox"/>			Out of Sequence	<input type="checkbox"/>				<input type="checkbox"/>			
Wave/Twist in Tube	<input type="checkbox"/>			Folio	<input type="checkbox"/>			Outside Dimensions	<input type="checkbox"/>				<input type="checkbox"/>			

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Page 2

Item ID: D3933-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Aft Wall Protector

Stop

NS2

Start Date: 12/24/2012 Start Qty: 3.00

3

Cust Item ID:

Required Date: 1/3/2013 Req'd Qty: 3.00

3

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:		Stop	*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC	QC8- Inspect parts - second check Memo	0.00 0.00 13.1.3	DAS 15 2.88 DAS			3			

130 *130* Packaging	Identify as per dwg & Stock Location: Memo	0.00	PPF 94900
Packaging		0.00	

140 *140* QC	QC21- Final Inspection - Work Order Release Memo	0.00	MLJ 13-81-04 P/B-D/A
Quality Control		0.00	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other			
Part No. _____ NCR No. _____										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other		

Picklist Print

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Page 1

Work Order ID: 94907

Parent Item: D3933-1

Parent Item Name: Aft Wall Protector

Start Date: 12/24/2012

Required Date: 1/3/2013

Start Qty: 3.00

Required Qty: 3.00

Comments:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MLEXS.125-F60029-04 GE PLASTICS LEXAN SHEET		Purchased	No			100	sf	555.0613	7.01	21.03	24.	B13-1-3	

Location	Loc Qty	Loc Code
MAT019	555.0613	
121803	555.0613	121803

(3)

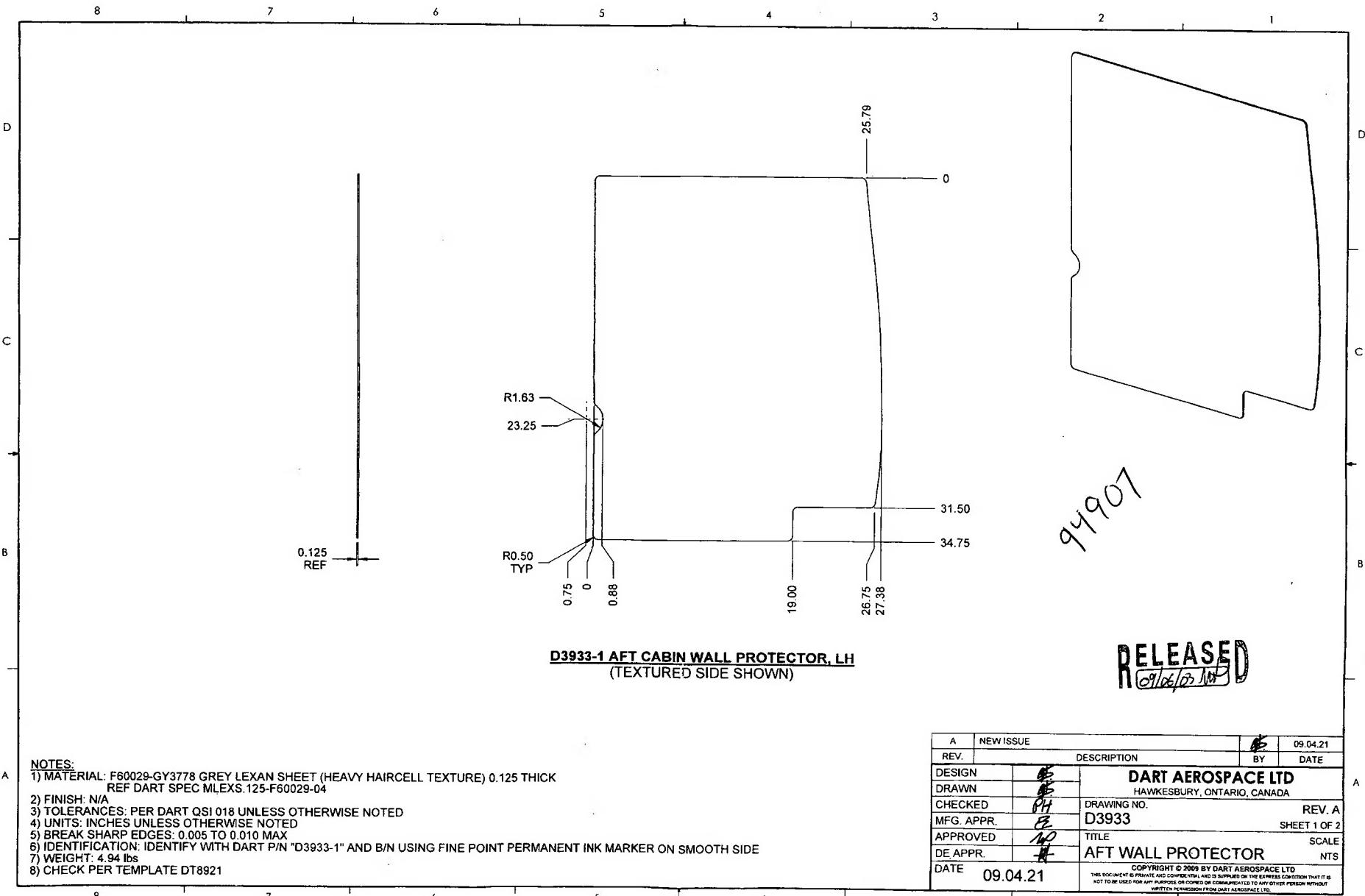
NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending	Bend	Grain	Ovalized	Pressure/Forced							
Centre Not Concentric to O/S	BOM/Route	Hardware	Over/Under tolerance	Temperature/Cure							
Cracks	Broken/Damaged	Inspection Incomplete	Part Incorrect	Weld							
Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear	Part Lost/Missing	Wrong Stock Pulled							
Cuffs	Contamination	Maintenance	Part Moved								
Heat Treat	Countersink	Mislabeled	Positioned Wrong								
Inspection Strip in Tube	Cut Too Short	Misread	Power Loss/Surge								
Ripples in Bend	Drill Holes	Offset	Other								
Torque Waves in Extrusion	Drawing	Out of Calibration									
Turning Sequence	Finish	Out of Sequence									
Wave/Twist in Tube	Folio	Outside Dimensions									



NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: _____ Date: _____

DART AEROSPACE LTD	Work Order:	94907
Description: Aft Cabin Wall Protector, LH	Part Number:	D3933-1
Inspection Dwg: D3933	Rev: A	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

14

Measured by:	1B	Audited by:	15 289	Prototype Approval:	N/A
Date:	13-1-3	Date:	13.1.3	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	09.06.22	New Issue	KJ	